

**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE**

**THURSDAY, MAY 11, 2017
2:30 P.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

- A. Approve Minutes of the March 9, 2017 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

IV. PUBLIC COMMENT

At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS

- A. Consider Approval of FY 2016-17 MAC Accomplishments
- B. Consider Approval of FY 2017-18 MAC Meeting Schedule
- C. Consider Approval of FY 2017-18 MAC Goals & Objectives

- D. Consider Recommendation of FY 2017-18 MAC Slate of Candidates and Chair/Vice Chair
- E. Consider Reclassification of MAC Long-Term Care Seat

VI. CEO AND MANAGEMENT REPORTS

- A. Chief Executive Officer (CEO) Report
- B. Chief Medical Officer Update
- C. Chief Operating Officer Update
- D. Network Operations Update
- E. Federal and State Legislative Update

VII. INFORMATION ITEMS

- A. MAC Member Updates
- B. Group Needs Assessment
- C. Member Trend Report 2016
- D. Community Based Adult Services (CBAS) and Skilled Nursing Facility (SNF) 2016 Satisfaction Survey Results

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

March 9, 2017

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on March 9, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Mallory Vega called the meeting to order at 2:33 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Mallory Vega, Chair; Connie Gonzalez; Patty Mouton; Jaime Muñoz; Carlos Robles; Christina Sepulveda; Velma Shivers; Sr. Mary Therese Sweeney; Christine Tolbert

Members Absent: Suzanne Butler; Sandy Finestone; Donna Grubaugh; Sally Molnar; Victoria Hersey; Lisa Workman

Others Present: Michael Schrader, Chief Executive Officer; Candice Gomez, Executive Director, Program Implementation; Donald Sharps, MD, Medical Director; Emily Fonda, MD, Medical Director; Tracy Hitzeman, Executive Director, Clinical Operations; Richard Helmer, MD, Chief Medical Officer; Phil Tsunoda, Executive Director, Public Affairs; Belinda Abeyta, Director, Customer Service; Becki Melli, Customer Service

MINUTES

Approve the Minutes of the January 12, 2017, Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: On motion of Member Christine Tolbert, seconded and carried, the MAC approved the minutes as submitted.

Chair Mallory Vega welcomed two new MAC members: Carlos Robles representing Recipients of CalWORKs, and Jaime Muñoz representing Foster Children. The members introduced themselves to the committee.

PUBLIC COMMENT

Pamela Pimentel, Co-Chair, Orange County Health Improvement Partnership (OCHIP) – Oral re: OCHIP, a public, private partnership that is dedicated to improving the health of communities in Orange County through community assessments and collaborations with community partners.

CHIEF EXECUTIVE OFFICER AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer, reported that CalOptima continues to track potential changes to the Affordable Care Act (ACA) provisions involving Medicaid expansion and to advocate for the best possible outcome for Orange County. Mr. Schrader explained that although the proposed House Republican bill to repeal and replace the ACA has been released, it is too early to know what impact it will have on CalOptima, as many changes will occur as it proceeds through Congress. However, one of the proposed provisions is the transition of federal Medicaid funding to a per-capita cap basis by 2020 from the existing 50/50 split in funding between the federal government and state government. Mr. Schrader noted that CalOptima serves 548,000 members under Medi-Cal classic while Medi-Cal expansion added an additional 234,000 CalOptima members. CalOptima's expansion members are adults between 19-64 years of age.

Chief Medical Officer Update

Dr. Helmer, Chief Medical Officer, announced that several projects are scheduled for the Behavioral Health Integration department, such as integrating behavioral health throughout CalOptima's operations, providing oversight and accountability of behavioral health services and serving as subject matter experts for all lines of business.

CalOptima Pay for Value Update

Abraham Manase, Senior Data Analyst, Quality Analytics, presented the 2016 results from the Pay for Value (P4V) program, noting that the purpose of P4V is to recognize and reward health networks and their providers for demonstrating quality performance and improvement. In addition, P4V provides comparative information to the public on CalOptima's performance and provides industry standard benchmarks and feedback to the health networks on their quality improvement efforts. Mr. Manase also reviewed the proposed 2017 program scoring and payment methodology that rewards providers for performance and improvement, noting that both factors are important when measuring the health network's overall performance. He added that the focus of P4V is to improve members' health, provide better care and lower health care costs.

Mimi Cheung, Supervisor, Quality Analytics, presented the 2017 member and provider incentives designed to improve quality of care. She explained that the member incentives feature women's health screenings and the provider incentives encourage provider offices to improve charting and focus on helping members get their cancer screenings.

Chief Operating Officer Update

Belinda Abeyta, Director, Customer Service, provided the COO report, announcing that the CalOptima Community Network (CCN) will close to new auto assignments as of April 1, 2017. CCN has reached the membership maximum under the auto assignment guidelines. This does not affect members that choose CCN as their network or through family link.

INFORMATION ITEMS

MAC Member Updates

Chair Vega announced that the Provider Advisory Committee (PAC) would like to convene an annual joint MAC/PAC meeting similar to the joint advisory committee meeting last year in which behavioral health issues were addressed. After discussion, MAC members expressed interest in convening a joint meeting to address areas of mutual concern. Members Patty Mouton and Christine Tolbert volunteered to serve on the ad hoc subcommittee to develop the agenda for the combined MAC/PAC meeting.

Chair Vega announced that recruitment has begun for the six MAC seats that will expire on June 30, 2017, including Adult Beneficiaries, Family Support, Medi-Cal Beneficiaries, Persons with Disabilities, Recipients of CalWORKs and Seniors. For those who are reapplying, the application is on the CalOptima website. Chair Vega also noted the appointment of MAC Chair and Vice Chair for FY 2017-18. The deadline to apply for all positions is March 31, 2017.

Boys and Girls Clubs of Garden Grove (BGCGG)

Member Christina Sepulveda, Vice President, Boys and Girls Clubs of Garden Grove (BGCGG) presented an overview of BGCGG, explaining that BGCGG serves over 6,500 youth daily in central Orange County through various youth development programs and family strengthening services. BGCGG serves a culturally diverse community that speaks 70 different languages. Member Sepulveda shared that some of the youth programs include education and career development, character and leadership building, life skills, and sports and recreation. The family strengthening program provides parents the necessary tools, relationships, networks, and supports to raise their children successfully, which includes involving parents as decision makers in how their communities meet family needs. Member Sepulveda added that a key program at BGCGG is ARCHES, which stands for Access to Resources for Children's Health, Education, and Support. ARCHES connects families to resources and services in the community to ensure the needs of the whole child are met.

Managed Behavioral Health Organization (MBHO) Update

Donald Sharps, MD, Medical Director, Behavioral Health Integration, presented an update on the transition of Magellan Health, Inc., as the new MBHO. Dr. Sharps reported that Magellan manages a local call center to serve CalOptima's members. He reported that the call center maintained all its reporting goals during the first couple months of the transition despite an average monthly call volume approximately three times the average. Dr. Sharps also reported that Magellan's providers covered 95 percent of the behavioral health cases for Medi-Cal members and 100 percent for OneCare Connect members. MAC was pleased to learn that members experienced so little disruption during the transition. Dr. Sharps added that a quality improvement initiative for 2017 would assess the behavioral health needs of long-term care members residing in skilled nursing facilities.

Federal and State Legislative Update

Phil Tsunoda, Executive Director, Public Policy and Government Affairs, provided additional information on the process of the proposed House bill to repeal and replace the ACA. He reported that two House Republican committees, the House Ways and Means Committee and the House Energy and Commerce Committee, passed their versions of the proposed bill. The House Budget Committee will take the two versions from the committees and merge them into one bill for the House of Representatives to consider during the week of March 20, 2017.

Chair Vega announced that the next MAC meeting is Thursday, May 11, 2017 at 2:30 p.m.

ADJOURNMENT

Hearing no further business, Chair Vega adjourned the meeting at 4:00 p.m.

/s/ Eva Garcia

Administrative Assistant

Approved: May 11, 2017

Member Advisory Committee FY 2016-2017 Accomplishments

During FY 2016-2017, the Member Advisory Committee (MAC) of the CalOptima Board of Directors provided input on member issues to ensure that CalOptima members receive high quality health care services. The following list highlights the accomplishments:

- A member of the MAC participated as a reviewer for the member health needs assessment request for proposal (RFP) vendor proposals. The Board of Directors approved CalOptima to lead and conduct a county-wide Medi-Cal member health needs assessment.
- A member of the MAC participated on the RFP committee that reviewed and selected Magellan Health, Inc. as CalOptima's managed behavioral health organization.
- MAC members reviewed the intergovernmental transfer (IGT) expenditure update and supported the funding of the proposed programs. For IGTs 4 and 5, funding categories were developed by a special workgroup of the Member and Provider Advisory Committees, with additional recommendations from the CalOptima Board.
- MAC members reviewed CalOptima's draft Strategic Plan for 2017-2019 and supported the Board of Directors' approval of the updated plan, including new strategic priorities, innovation, value, and partnerships and engagement.
- MAC members supported CalOptima's recommendation to extend the health network minimum enrollment timeframe, contingent upon the health network's performance and meeting operational requirements.
- MAC members recommended the addition of a Vice Chair position at the November 10, 2016 meeting to assist the Board-appointed MAC Chair, ensuring smooth and streamlined committee administration. The Board approved the Vice Chair position at the December 1, 2016 meeting.
- A MAC Nomination Ad Hoc Subcommittee convened to select the proposed slate of candidates, Chair and Vice Chair for the positions due to expire on June 30, 2017. The MAC reviewed the proposed candidates at its May 11, 2017 meeting and forwarded their recommendations to the Board for consideration and approval at its June 1, 2017 meeting.

- A MAC Goals and Objectives Ad Hoc Subcommittee convened to develop goals and objectives for FY 2017-18. Based on the Board-approved Strategic Plan, MAC approved the FY 2017-18 MAC Goals and Objectives on May 11, 2017 and submitted them to the Board as an informational item on June 1, 2017.
- MAC members and individuals from the community gave informative presentations at MAC meetings to help MAC stay connected to those they represent. In addition, MAC increased its awareness of the autism community and their needs through provider and community presentations.
- Several MAC members attended CalOptima sponsored community education events, such as Community Alliance Forums and Awareness and Education Seminars.
- All MAC members completed the annual Compliance Training.
- MAC Chair and Seniors' representative participates on the PACE Advisory Committee to provide input to the PACE Center. In addition, the MAC Chair reports to the Quality Assurance Committee of the Board regarding the PACE Center.
- MAC Chair presented a monthly MAC Report at CalOptima Board of Directors' meetings to provide the Board with input and updates on the MAC's activities.
- MAC members contributed at least 245 "official" hours to CalOptima during FY 2016-17, including MAC meetings, ad hoc meetings, and Board meetings. These hours do not account for the innumerable hours that MAC members dedicate to members on a day-to-day basis.

The MAC thanks the CalOptima Board for the opportunity to provide updates on the MAC's activities. The MAC welcomes direction or assignment from the Board on any issues or items requiring study, research, and input.

Member Advisory Committee FY 2017-2018 Meeting Schedule

July

Thursday, July 13, 2017

September

Thursday, September 14, 2017*
8:00 a.m. – 10:00 a.m.

November

Thursday, November 9, 2017

January

Thursday, January 11, 2018

March

Thursday, March 8, 2018

May

Thursday, May 10, 2018

Regular Meeting Location and Time

CalOptima
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
2:30 p.m. – 5:00 p.m.
www.caloptima.org

***Joint MAC/PAC Meeting**

All meetings are open to the public. Interested parties are encouraged to attend.

**CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018**

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
I. Innovation	Pursue innovative programs and services to optimize member access to care	1. Delivery System Innovation - Utilize pay-for performance, creative partnerships, sponsored initiatives and technology to empower networks and providers to drive innovation and improve member access.	<ul style="list-style-type: none"> • Monitor CalOptima's pay-for-value program as well as member and provider incentive initiatives • Review and provide input on member experience results, HEDIS and CAHPS indicators and other surveys 	
		2. Program Integration - Implement programs and services that create an integrated service experience for members, including an integrated physical and behavioral health service model.	<ul style="list-style-type: none"> • Monitor and provide input on access and care coordination of behavioral health from Magellan. • Provide input on coordinating and integrating physical and behavioral health care 	
		3. Program Incubation - Incubate new programs and pursue service approaches to address unmet member needs by sponsoring program pilots addressing areas such as substance abuse, behavioral health services, childhood obesity and complex conditions.	<ul style="list-style-type: none"> • Provide input on collaborating with community based organizations to identify community resources and address unmet needs • Provide input on proposed pilot programs addressing areas of unmet needs (such as substance abuse) • Provide input on CalOptima's role in the Whole Person Care proposal (homeless) • Provide input on IGT funding initiatives 	

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018

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CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
II. Value	Maximize the value of care for members by ensuring quality in a cost effective way	1. Data Analytics Infrastructure - Establish robust IT infrastructure and integrated data warehouse to enable predictive modeling, effective performance accountability and data-based decision making.	<ul style="list-style-type: none"> • Provide input to CalOptima to improve efficiencies and systems/processes that affect members. 	
		2. Pay for Value - Launch pay-for-performance and quality incentive initiatives that encourage provider participation, facilitate accurate encounter data submissions, improved clinical quality and member experience outcomes, and the spread of best practices.	<ul style="list-style-type: none"> • Provide input on pay-for-value and quality incentive initiatives. • Provide input on findings from Member Experience program, CAHPS and HEDIS. • Provide input to improve member experience outcomes. • Provide input on IGT funding initiatives 	
		3. Cost Effectiveness - Implement efficient systems and processes to facilitate better understanding of internal cost drivers, eliminate administrative redundancies, and promote effective and standardized internal practices.	<ul style="list-style-type: none"> • Provide input to ensure CalOptima maximizes health care dollars. 	

CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
III. Partnership and Engagement	Engage providers and community partners in improving the health status and experience of our members	1. Provider Collaboration - Enhance partnerships with networks, physicians and the Provider Advisory Committee to improve service to providers and members, expand access, and advance shared health priorities.	<ul style="list-style-type: none"> • Work with the Provider Advisory Committee to ensure members have access to providers. 	
		2. Member Engagement - Seek input from the Member Advisory Committee and plan's diverse membership to better understand member needs, and ensure the implementation of services and programs that strengthen member choice and experience and improve health outcomes.	<ul style="list-style-type: none"> • Ensure that the Board is informed of member issues and concerns prior to the Board's consideration or action upon major decisions or initiatives • Ensure MAC provides input into proposed services and programs, especially to improve both member experience and health outcomes. <ul style="list-style-type: none"> • areas to consider include hospital readmissions, palliative care, substance abuse, ABA/mental health, IHSS/LTSS 	
		3. Community Partnerships - Establish new organizational partnerships and collaborations to understand, measure and address social determinants of health that lead to health disparities among the plan's vulnerable populations.	<ul style="list-style-type: none"> • Provide input to ensure collaboration with community stakeholders and members. • Provide input to CalOptima to address health disparities among vulnerable populations. • Provide input on CalOptima's role in the Whole Person Care proposal (homeless). 	

**CalOptima Board of Directors'
Member Advisory Committee
Goals and Objectives
FY 2017-2018**

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	CalOptima Goals	CalOptima Objectives	MAC Activities	MAC Progress
		4. Shared Advocacy - Utilize provider and community relationships to educate stakeholders about health policy issues impacting the safety-net delivery system and community members, and promote the value of CalOptima to members, providers, and the broader population health of the Orange County Community.	<ul style="list-style-type: none"> •Work with CalOptima and community stakeholders to respond to changes in health policy, including OCC, ACA, CMC. •Ensure MAC has strong representation. •Encourage MAC members to attend CalOptima's community education events to enhance MAC's knowledge of issues impacting members. 	

Charge of the Advisory Committees pursuant to Resolution No. 2-14-95:

1. Provide advice and recommendations to the Board on issues concerning CalOptima as directed by the Board.
2. Engage in study, research and analysis on issues assigned by the Board or generated by the committees.
3. Serve as liaisons between interested parties and the Board.
4. Assist the Board in obtaining public opinion on issues related to CalOptima.
5. Initiate recommendations on issues of study to the Board for their approval and consideration.
6. Facilitate community outreach for CalOptima and the CalOptima Board.

MEMORANDUM

DATE: May 4, 2017
TO: CalOptima Board of Directors
FROM: Michael Schrader, CEO
SUBJECT: CEO Report
COPY: Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

American Health Care Act (AHCA)

On April 25, Congress reconvened after the two-week spring recess, with passing a Continuing Resolution as the priority to avoid a government shutdown. Alongside this effort, negotiations on the AHCA continued. As of April 26, the conservative House Freedom Caucus expressed support for a proposed amendment to AHCA by the moderate Tuesday Group's co-chairman Rep. Tom MacArthur (R-N.J.) The MacArthur amendment would not change AHCA provisions that significantly impact CalOptima related to Medicaid financing, such as the move to per capita rates or the provisions affecting Medicaid Expansion, but it would provide compromises in other areas so as to generate more support across Congress. Developments on AHCA are happening daily, and our associations and federal advocate are tracking the legislation to ensure CalOptima has the latest information available.

Medicaid Mega Reg

In April 2016 under the Obama Administration, the Centers for Medicare & Medicaid Services (CMS) issued a final regulation that significantly revises Medicaid managed care rules. Due to its comprehensive nature, the regulation became known as the Mega Reg. As a whole, the Mega Reg aims to standardize the administration of Medicaid across the states. However, the new Administration has indicated that it favors flexibility for states as opposed to wide-ranging regulations imposed by the federal government. As a result, CalOptima has learned through our associations that the Mega Reg may be delayed or even reworked. Yet since the first major provisions go into effect July 1, 2017, we are obligated to operate as if it will be implemented as planned. At the state level, on the legislative front, Assembly Bill 205 (Wood)/Senate Bill 171 (Hernandez) have been introduced to direct certain aspects of Mega Reg implementation. Two of the bills' provisions have the potential to affect CalOptima's payments to hospital partners. Under consideration are changing the administration of the Quality Assurance Fee and having the Department of Health Care Services (DHCS) set annual percentage increases in payment rates for public hospitals, including University of California medical centers. We are expecting a contract amendment from DHCS to implement provisions of the Mega Reg. Separately, on the regulatory front, DHCS is working on new requirements and administrative processes for Rate Range Intergovernmental Transfers (IGTs). The Mega Reg will allow IGTs to continue, but requires that the transactions be prospective. At this point, our understanding is that IGTs may need to be arranged before the beginning of the fiscal year to which they apply. We will continue

to work with DHCS and our associations as Mega Reg implementation moves forward and additional details become available.

Program of All-Inclusive Care for the Elderly (PACE)

- **Nurse Practitioner Waiver**

On March 30, CMS approved our nurse practitioner waiver application submitted in December 2016. This flexibility expands the nurse practitioner's scope of practice within the on-site PACE clinic and allows the nurse practitioner to complete initial assessments and reassessments, which will be recognized by CMS. CalOptima is working to finalize the policies in order to move forward with implementation.

- **Health and Wellness Event**

On March 25, PACE hosted a Senior Health and Wellness Event, drawing more than 50 seniors and their families/caregivers. Attendees received a tour of the center, met key program staff and learned more about how CalOptima PACE can help them continue living independently.

Children's Health Insurance Program (CHIP) Reauthorization

CHIP covers children in families living at up to 250 percent of the Federal Poverty Level under Medi-Cal. CHIP is due for reauthorization on October 1, 2017. DHCS Director Jennifer Kent stated that California is planning for a decrease in the federal funding level for this program. Currently, the federal/state match rate is 88/12, and it is expected to change to 65/35 starting in October. The draft FY 2017–18 state budget includes provisions for this higher outlay. No changes in eligibility have been proposed.

Medicare Star Rating

On April 3, CMS released final 2018 updates to the Medicare Advantage and Part D Prescription Drug Programs, affecting OneCare Connect, OneCare and PACE. One area of concern for CalOptima has been the way CMS develops its Star rating system. The current Star system fails to adequately account for socioeconomic and disability status, producing a structural and financial disadvantage for plans such as CalOptima that exclusively serve dual-eligible beneficiaries. CalOptima's position is that CMS should develop a solution that accurately measures and compares the quality of care for plans that disproportionately serve dual-eligible beneficiaries. CalOptima worked with the Association for Community Affiliated Plans (ACAP) on a recent letter to CMS that expressed appreciation for CMS' implementation of the Categorical Adjustment Index for 2017 as an interim fix. The letter also encouraged CMS to consider an Office of the Assistant Secretary for Planning and Evaluation (ASPE) report found that dual-eligible status is a significant predictor of poor Star ratings. CMS appears to have taken note, stating in its 2018 materials that it is "carefully considering" recommendations from the ASPE report for Star ratings in the future. CalOptima will continue to work with ACAP and CMS to advocate for a long-term solution.

Opioid Opinion Article

To raise awareness and extend our work on combating the opioid epidemic, CalOptima submitted an opinion article by Deputy Medical Director Richard Bock, M.D., to the Orange County Register. The piece ran April 21 in print and online. View the article [here](#).

Key Meetings

- **California Children's Services (CCS) Advisory Group Meeting**

On April 12, I attended the quarterly CCS Advisory Group Meeting, which addresses the transition of CCS to the Whole Child Model (WCM). Of note was a new discussion about the possibility of carving in neonatal intensive care unit (NICU) services to the health plans, whereas NICU was previously to continue being carved out and administered by the counties and state. Care coordination, which is one goal of WCM, could potentially be easier if plans were overseeing NICU services as well. Currently, the counties/state authorize and pay for some NICU days, and the plans pay for other days. A NICU Technical Workgroup has formed to discuss eligibility, authorization and payment issues. Ultimately, the group suggested that the decision on NICU could be left up to the various counties implementing WCM. I will keep your Board informed about impact to CalOptima and Orange County.

- **Kaiser Permanente**

On April 14, I participated in a meeting between executives from Southern California public health plans and Julie Miller-Phipps, new president of Kaiser Foundation Hospitals and Health Plan, and her executive team. The health plans represented included CalOptima, L.A. Care, Inland Empire Health Plan and Kern Health Systems. Ms. Miller-Phipps oversees the Southern California region, with 14 hospitals and 241 medical offices, serving 4.2 million Kaiser members.

- **Orange County Leadership Forum on Aging**

Held April 21, the Forum on Aging featured opening remarks by Supervisor Do and included me on a panel with four other speakers. Sponsored by the Orange County Aging Services Collaborative, the event drew a large crowd of more than 300 attendees and focused on the latest news and trends in aging policy. I spoke about the potential impacts to Medi-Cal if the ACA is changed and about our continuum of programs for seniors.

- **Medicaid Health Plans of America Board Meeting**

On April 28, CalOptima was pleased to host in our offices the Medicaid Health Plans of America Board of Directors meeting, welcoming CEOs from commercial and public health plans across the nation. As you know, CalOptima joined the association this year to ensure our agency was well connected to the latest information available about national health policy. The productive meeting addressed key topics including Medicaid reform, the per capital cap model proposed in the AHCA and managed long-term services and supports.



Get a no-cost
\$10 gift card and
be entered into an
opportunity drawing
for a **\$100 gift card**.

BREAST CANCER SCREENING MAMMOGRAM

Eligible CalOptima Medi-Cal members ages 50–74 can receive a \$10 gift card and be entered into a \$100 gift card opportunity drawing!

**STEP
1**

Complete your breast cancer screening mammogram between March 1 and August 31, 2017.

**STEP
2**

Complete the information on the other side, and submit this form to CalOptima to receive your \$10 gift card and be entered into a \$100 drawing.

This form must be filled out, and signed by your provider in order to receive the \$10 gift card, and to be entered into a \$100 gift card opportunity drawing.

Follow these steps to receive your gift card.

Step 1: Complete your screening mammogram between **March 1 and August 31, 2017**.

Step 2: Complete this form. Make sure to fill out your provider's information. **Have your provider sign or stamp this form.**

Step 3: Submit this form to CalOptima by mail using the enclosed postage-paid envelope by **September 30, 2017**. **Or ask your provider to fax this form on your behalf.**

Step 4: Get your \$10 gift card in the mail in 4–6 weeks. Opportunity drawing winners will be sent a gift card at a later time.

Member Information

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

PROVIDER INSTRUCTIONS

Providers please sign or stamp this form.

- The member must complete a screening mammogram to be eligible for this incentive.
- The member must have you sign or stamp this form in order to receive the \$10 gift card.
- You can fax this form directly to CalOptima at **714-796-6613**.
- Or give this form to the member to mail back to CalOptima.

Provider Information/ Provider Information

Date of Screening Mamogram:

Provider Name:


Signature/Stamp:

Address:

City, State, Zip:

Phone Number:





Get a no-cost
\$15 gift card and
be entered into an
opportunity drawing
for a **\$100 gift card**.

CERVICAL CANCER SCREENING

Eligible CalOptima Medi-Cal members ages 21–64 can receive a \$15 gift card and be entered into a \$100 gift card opportunity drawing!

**STEP
1**

Complete your cervical cancer screening between March 1 and August 31, 2017.

**STEP
2**

Complete the information on the other side, and submit this form to CalOptima to receive your \$15 gift card and be entered into a \$100 opportunity drawing.

This form must be filled out, and signed by your provider in order to receive the \$15 gift card, and to be entered into a \$100 gift card opportunity drawing.

Follow these steps to receive your gift card.

Step 1: Complete your cervical cancer screening between **March 1 and August 31, 2017**.

Step 2: Complete this form. Make sure to fill out your provider's information. **Have your provider sign or stamp this form.**

Step 3: Submit this form to CalOptima by mail using the enclosed postage-paid envelope by **September 30, 2017**. **Or ask your provider to fax this form on your behalf.**

Step 4: Get your \$15 gift card in the mail in 4–6 weeks. Opportunity drawing winners will be sent a gift card at a later time.

Member Information

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

PROVIDER INSTRUCTIONS

Providers please sign or stamp this form.

- The member must complete a cervical cancer screening to be eligible for this incentive.
- The member must have you sign or stamp this form in order to receive the \$15 gift card.
- You can fax this form directly to CalOptima at **714-796-6613**.
- Or give this form to the member to mail back to CalOptima.

Provider Information

Date of Cervical Cancer Screening:

Provider Name:

Signature/Stamp:

Address:

City, State, Zip:

Phone Number:



Get a no-cost
\$25 gift card and
be entered into an
opportunity drawing
for a **\$100 gift card**.

GET YOUR POSTPARTUM CHECKUP

Eligible CalOptima Medi-Cal members can receive a \$25 gift card and be entered into a \$100 gift card opportunity drawing!

**STEP
1**

You must have had a delivery between March 30, 2017 and June 30, 2017 and get your postpartum checkup no later than 6 weeks after your delivery, to qualify for this incentive.

**STEP
2**

Complete the information on the other side, and submit this form to CalOptima to receive your \$25 gift card and be entered into a \$100 opportunity drawing.

This form must be filled out, and signed by your provider in order to receive the \$25 gift card, and to be entered into a \$100 gift card opportunity drawing.

Follow these steps to receive your gift card.

Step 1: You must have had a delivery between March 30, 2017 and June 30, 2017 and get your postpartum checkup no later than 6 weeks after your delivery.

Step 2: Complete this form. Make sure to fill out your provider's information. **Have your provider sign or stamp this form.**

Step 3: Submit this form to CalOptima by mail using the enclosed postage-paid envelope by **August 31, 2017. Or ask your provider to fax this form on your behalf.**

Step 4: Get your \$25 gift card in the mail in 4–6 weeks. Opportunity drawing winners will be sent a gift card at a later time.

Member Information

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

Date of Delivery:

PROVIDER INSTRUCTIONS

Providers please sign or stamp this form.

- The member must complete her postpartum checkup to be eligible for this incentive.
- Please review postpartum health with the member.
- The member must have you sign or stamp this form in order to receive the \$25 gift card
- You can fax this form directly to CalOptima at **714-796-6613**.
- Or give this form to the member to mail back to CalOptima.

Provider Information

Date of Postpartum Checkup:

Provider Name:

Signature/Stamp:

Address:

City, State, Zip:

Phone Number:





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Group Needs Assessment

Board of Directors' Member Advisory Committee
May 11, 2017

Pshyra Jones
Director, Health Education & Disease Management

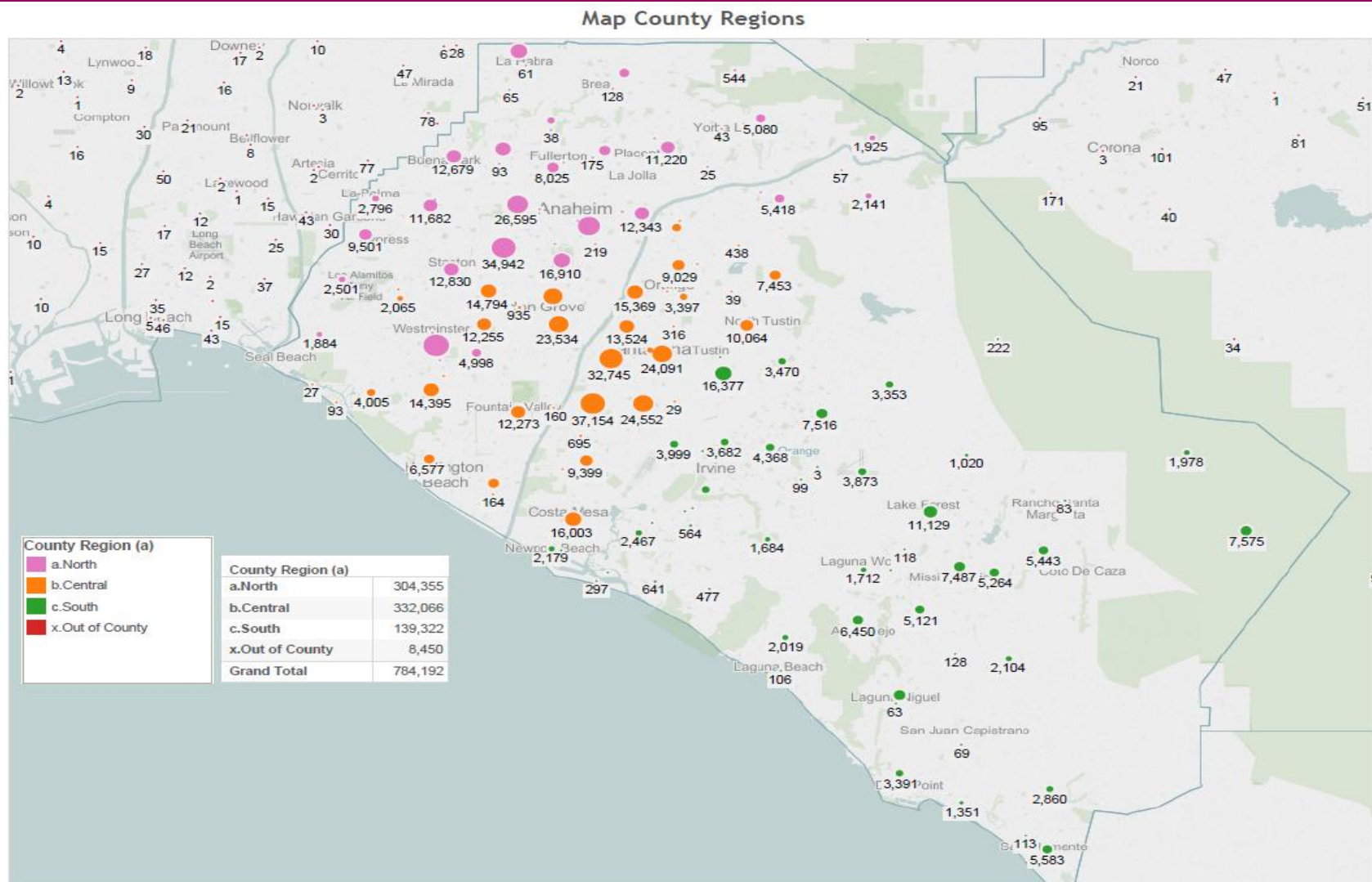
Background

Health plans are required to conduct Group Needs Assessments (GNAs) to identify the needs of members, available health education and cultural and linguistic (C&L) programs and resources, and gaps in services.

Goal

The goal of the GNA is to improve health outcomes for members enrolled in Medi-Cal managed care by evaluating member health risks, identifying health needs, and prioritizing health education, C&L services, and preventative health and quality improvement programs to improve member health outcomes.

CalOptima Medicaid Membership by Region



CalOptima Required Sample Size (English/Spanish)

Health Network	Target # Surveys	Health Network Proportion	Sample Size (4X)
1	200	9%	800
2	200	9%	800
3	200	9%	800
4	200	9%	800
5	200	9%	800
6	200	9%	800
7	200	9%	800
8	200	9%	800
9	200	9%	800
10	200	9%	800
11	200	9%	800
Total	2200	100%	8800

CalOptima Required Sample Size (Other Languages)

Language	Target # Surveys	Membership Proportion	Sample Size (4X)
Vietnamese	180	10%	722
Korean	336	3%	1344
Farsi	368	2%	1472
Arabic	378	1%	1514
Chinese	384	1%	1536
Total	1646	16%	6586

Sample Size Goals

- Mailed 17,030 surveys
- Expect a minimum of 200 responses
 - Double-check we have Health Network coverage across regions
- With that we can compare
 - Language difference within or between regions
 - Health Network difference between regions
 - Health Network difference between languages
 - All within +/- 7% confidence interval

GNA Areas of Focus

- People Who Provide Health Care (Primary Care Provider)
- Medical Interpreters
- Member Health Perception and Health Plan Benefits
- Forms and Health Plan Materials
- Social Determinants of Health (Custom Questions)

Social Determinants of Health

- Included custom questions to address categories representing social determinants of health.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					



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GNA Results

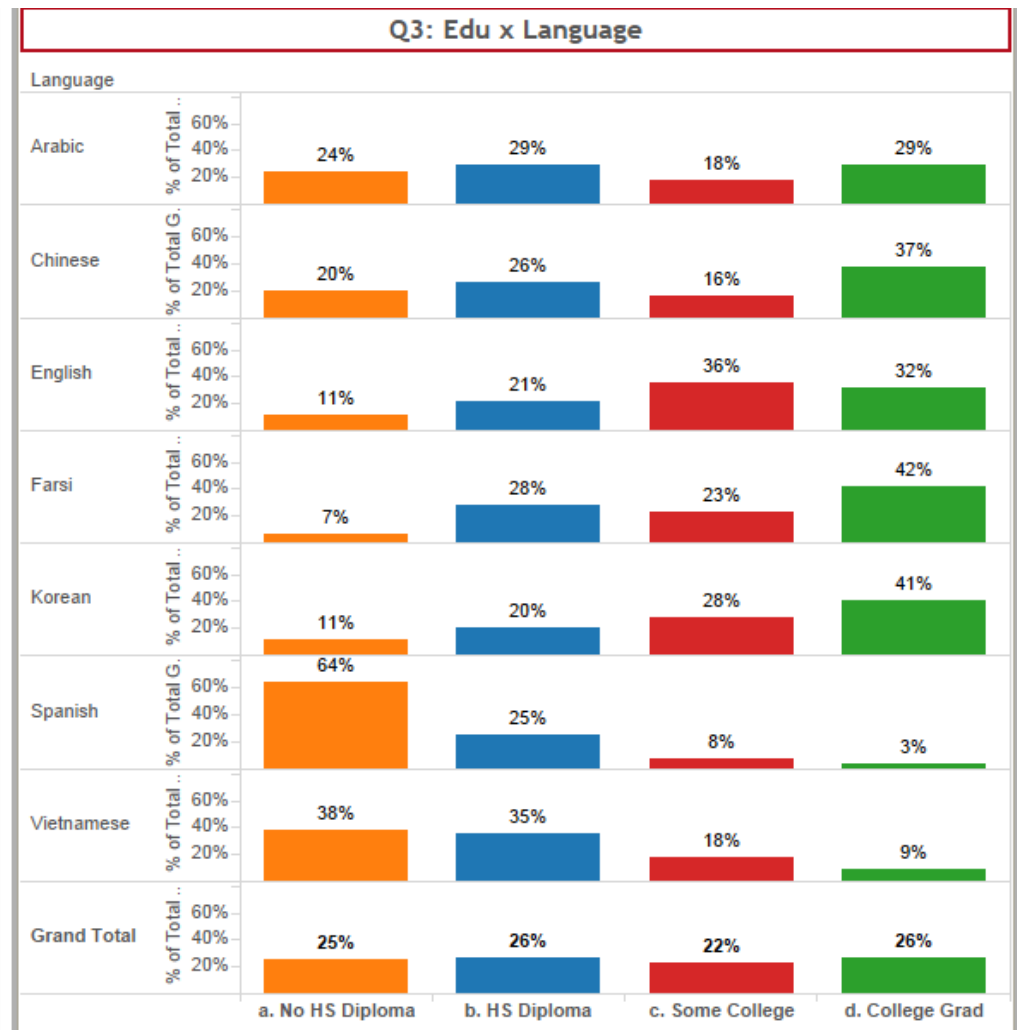
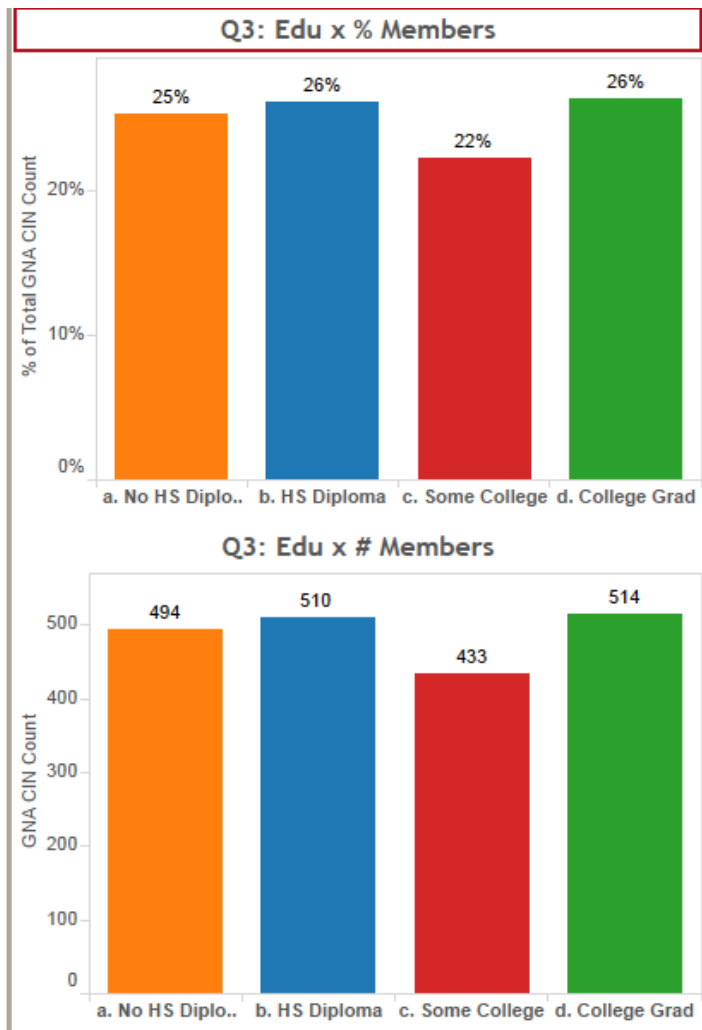
GNA Results: Survey Response Rate

Language	North OC Responses	Central OC Responses	South OC Responses	Region Unknown	Total Response
Vietnamese	224	186	109	2	521
Korean	208	128	207	7	550
Farsi	35	13	132	2	182
Arabic	91	34	58	5	188
Chinese	167	62	184	4	417
English	209	200	178	6	593
Spanish	198	206	208	8	620
Total*	1,132	829	1,076	34	3,071

GNA Results: Profiling Respondents

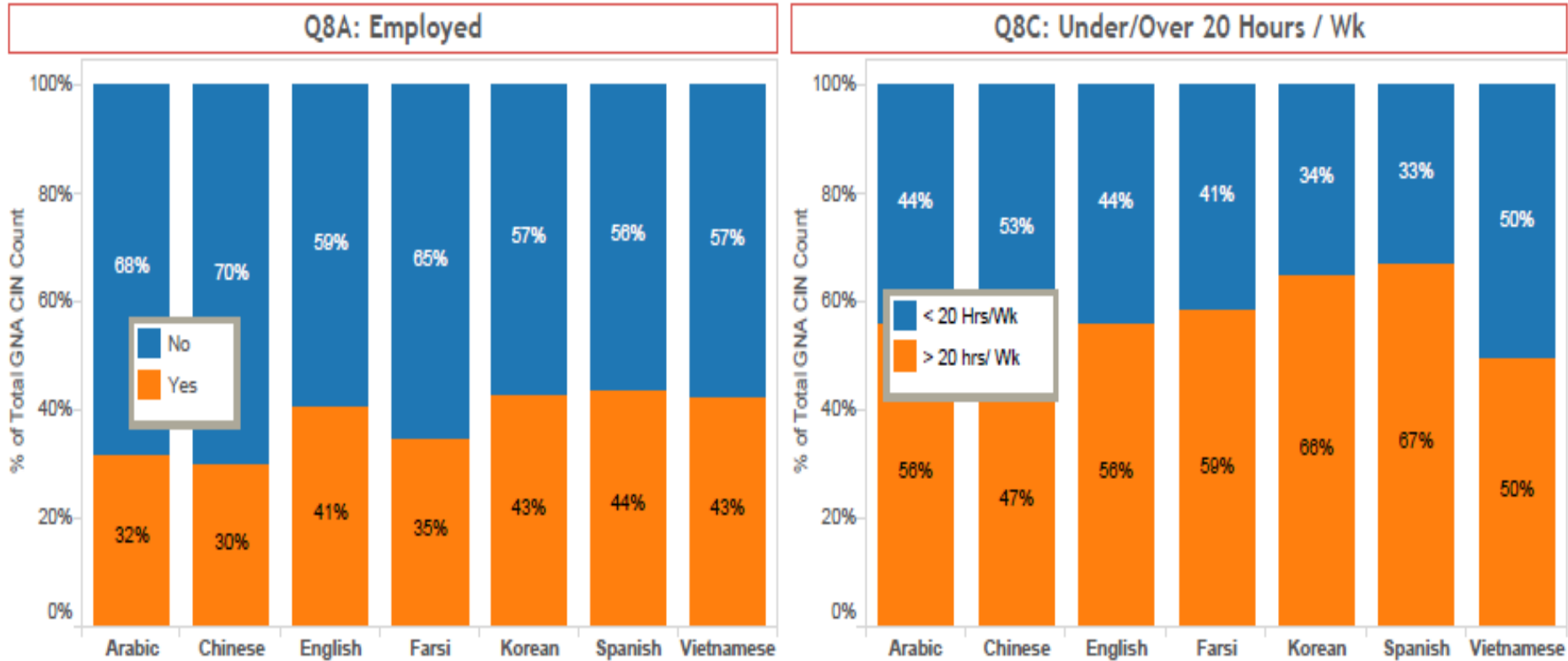
- 64% (1,979) of the completed surveys were from CalOptima adult Medi-Cal members.
- 36% (1092) were completed by adults for CalOptima children with Medi-Cal.
- 13% (400) of completed surveys respondents were received from our Seniors and Persons with Disabilities (SPD) population.

GNA Results: Education



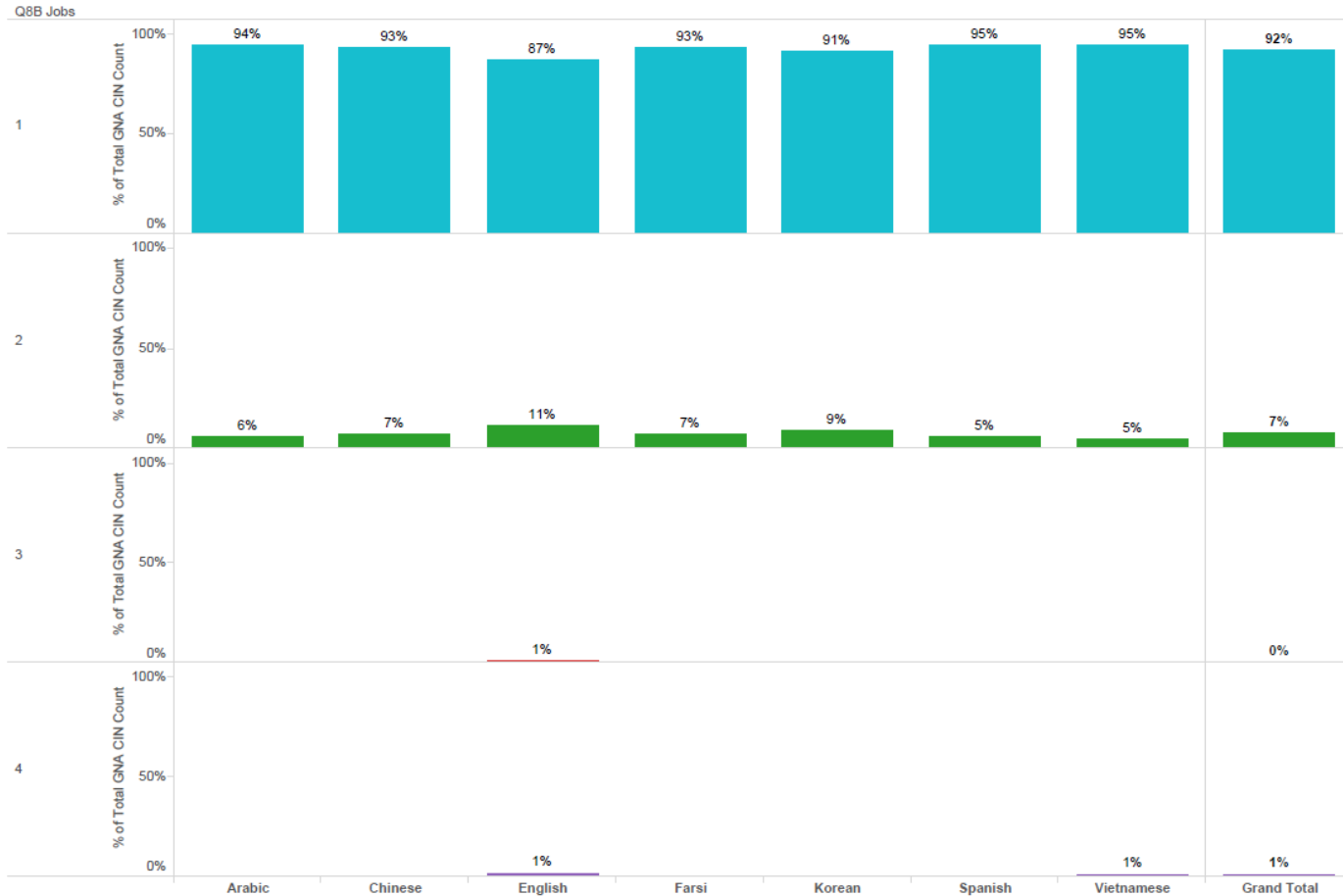
Total adult responses: 1,952

GNA Results: Employment



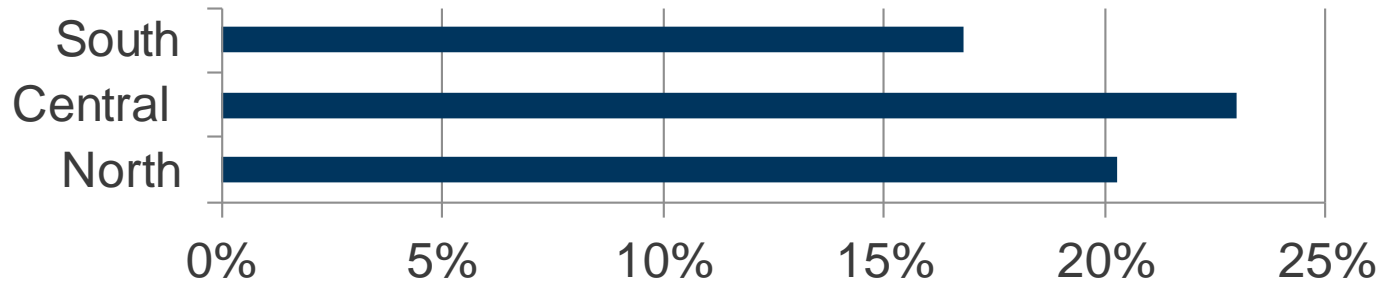
GNA Results: Number of Jobs

Q8B: Number of Jobs (ws)
Overall, 8% of our working members have more than 1 job
Volume-wise: 773K members x 40% (working) x 8% (> 1 job)
Comes to ~25K members
for whom 8-5 PCP office hours are unlikely to be considered as 'readily accessible'

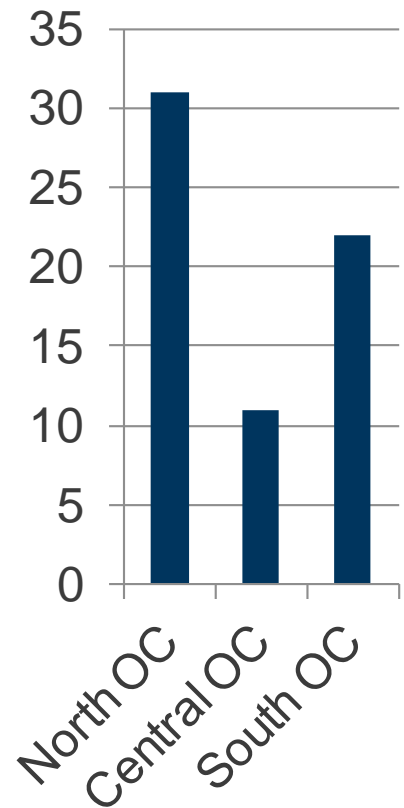


GNA Results: Living Situation

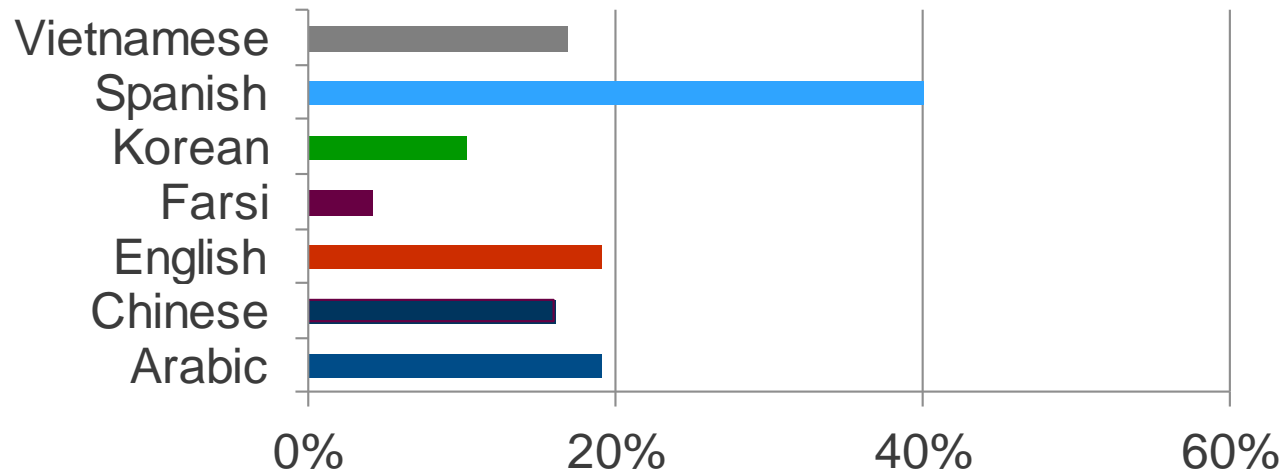
Living with > 5 People



Homeless Individuals



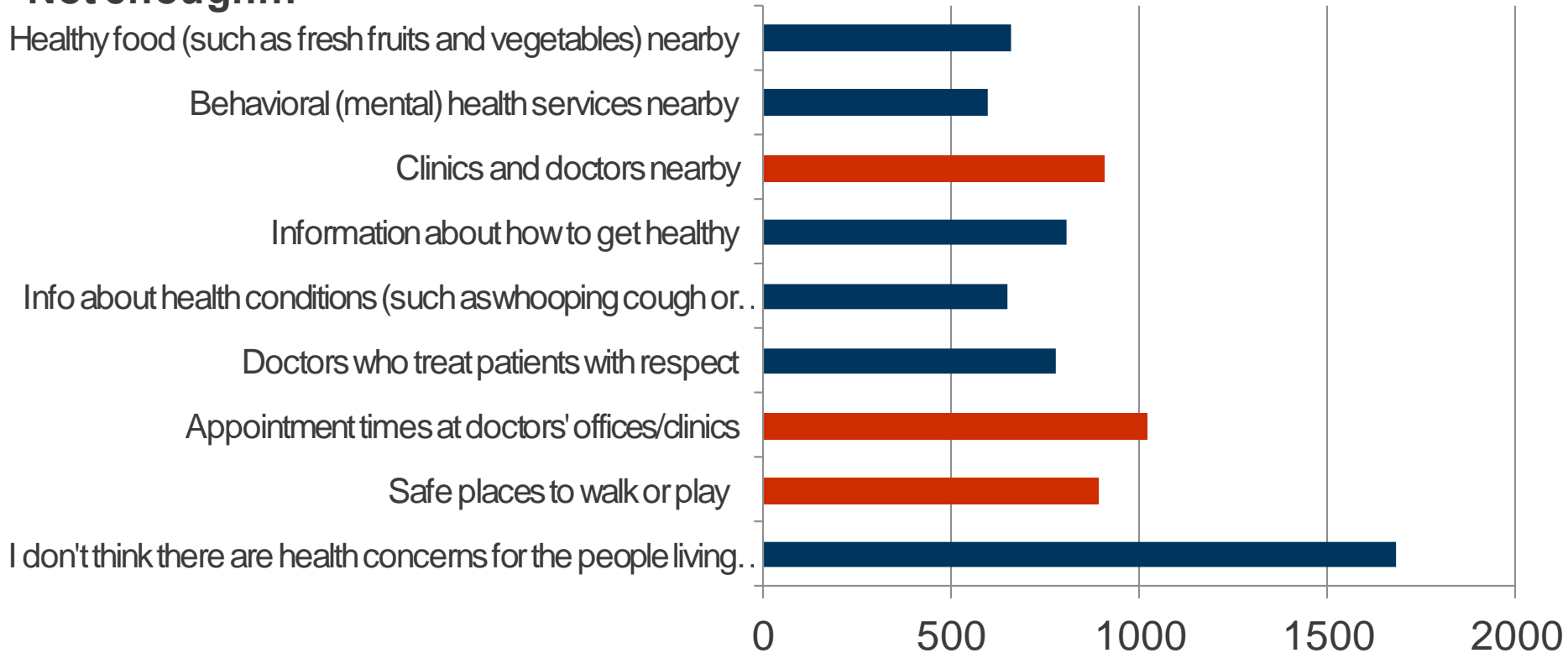
Living with > 5 People



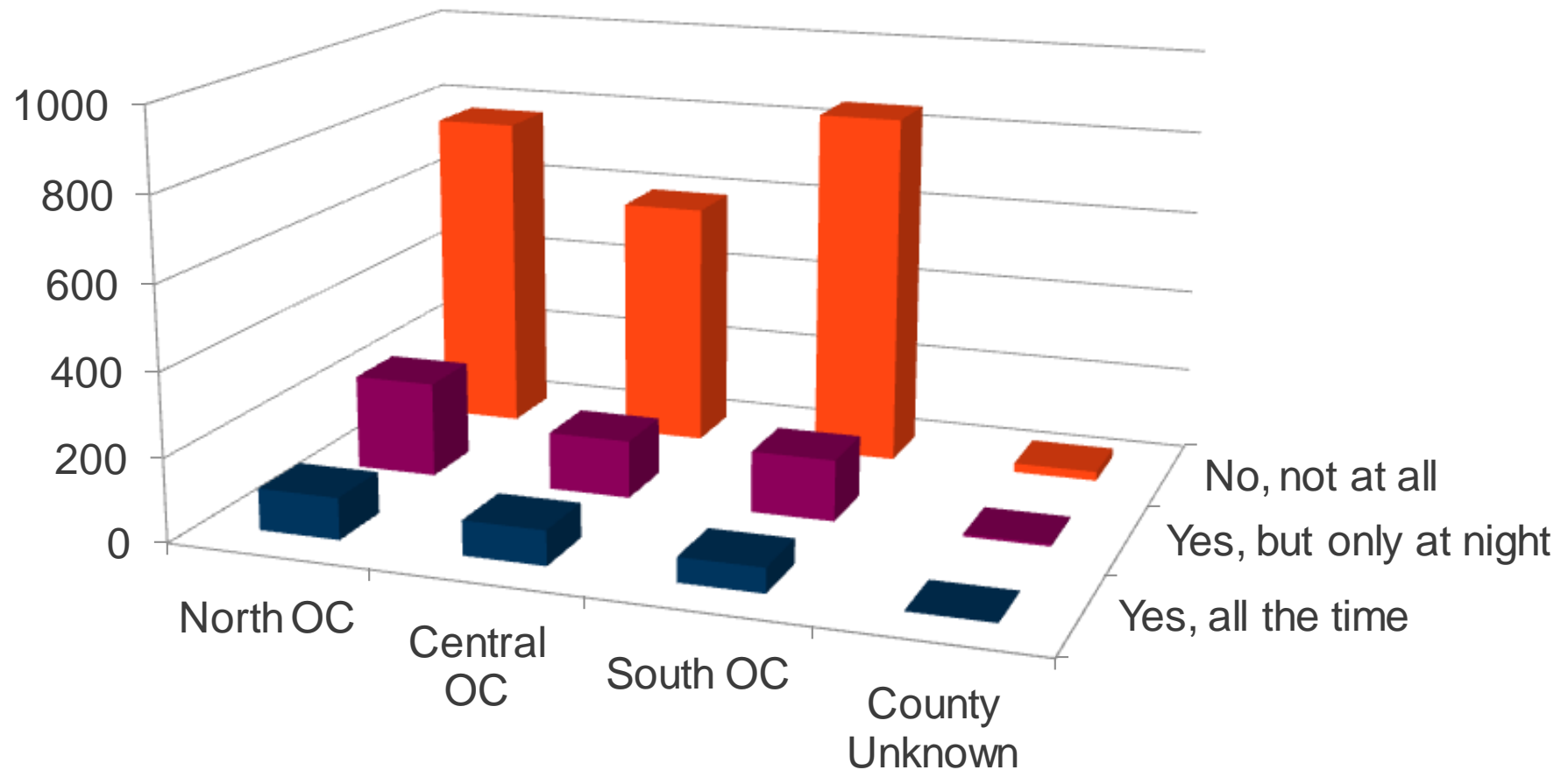
GNA Results: Health Concerns in Area

What do you think are important health concerns or issues for people living in your area? Check all that apply.

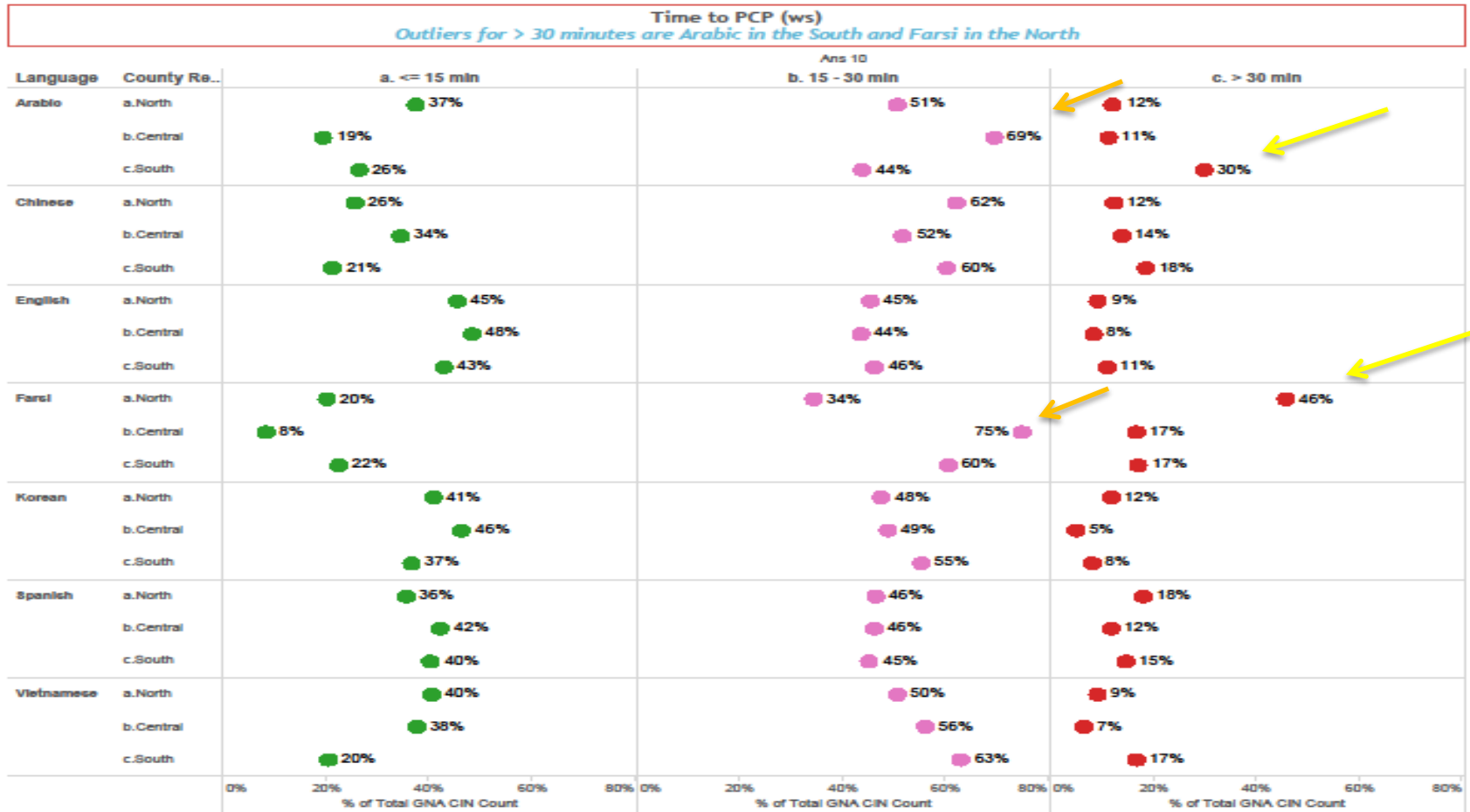
Not enough...



GNA Results: Worried About Being a Victim of Crime in Neighborhood

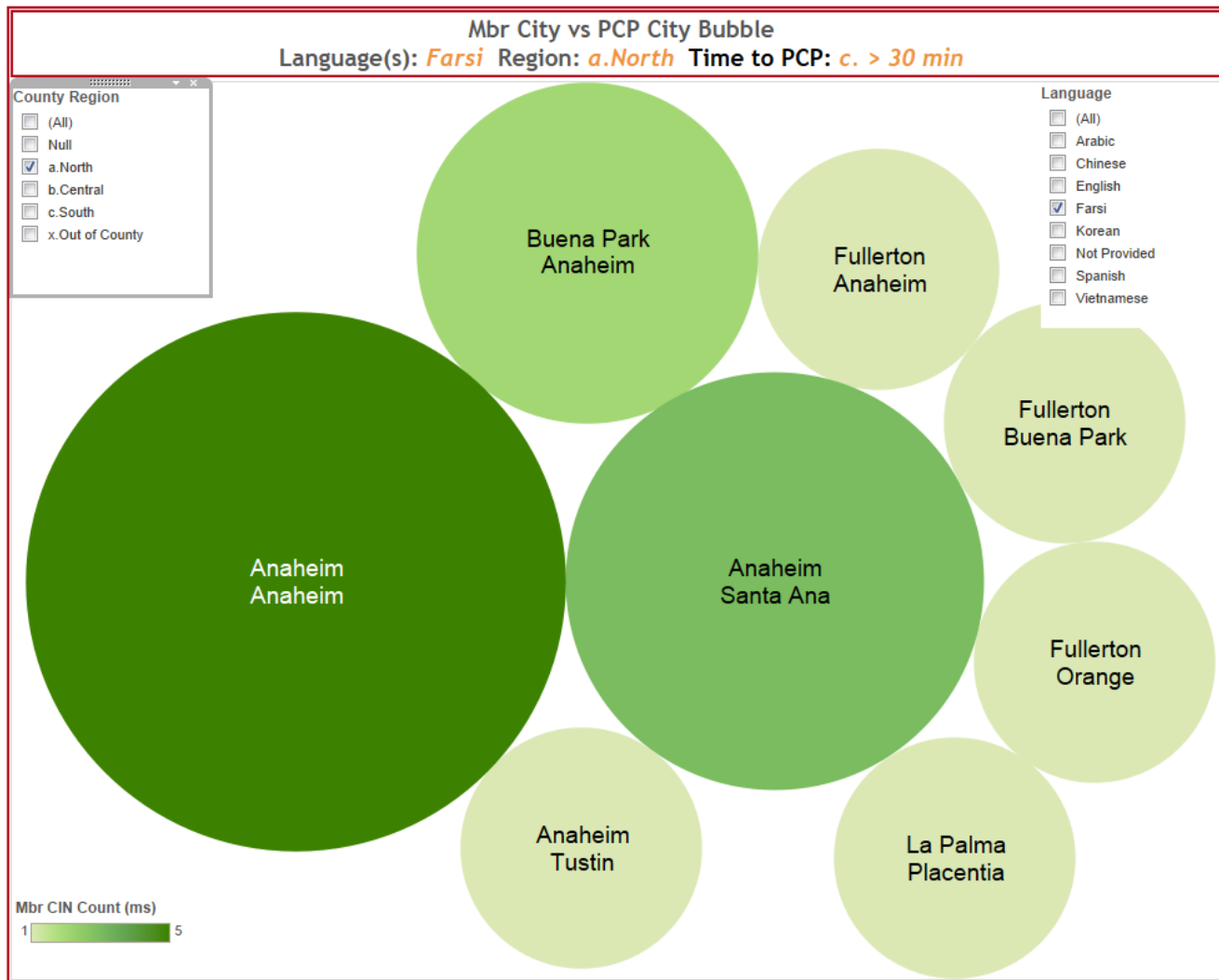


GNA Results: Time to Primary Care Provider



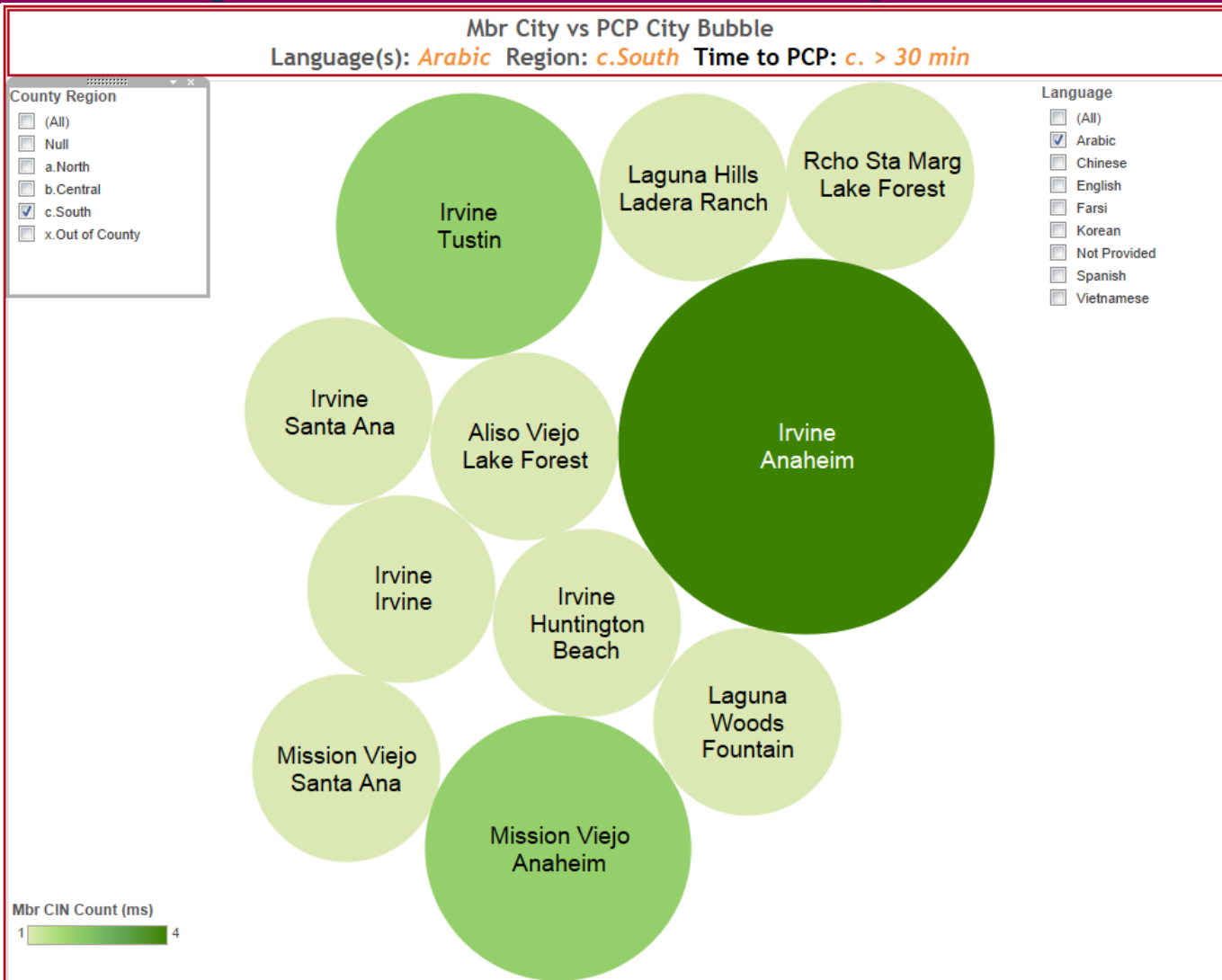
GNA Results:

Member City vs. PCP: Farsi Population



GNA Results:

Member City vs. PCP: Arabic Population



GNA Results:

Appt Times x ER Visits and PCP Visits

Q25b Appt Times x ER Visits								
<i>In the aggregate, those who thought there were NOT enough appointment times have a higher ER visit rate</i>								
Language	Appt Times Ok				Agreed, Not Enough			
	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language
Arabic	0.3	36	111	63%	0.4	25	65	37%
Chinese	0.1	39	317	82%	0.1	4	68	18%
English	0.3	120	394	72%	0.5	72	155	28%
Farsi	0.3	38	112	67%	0.3	16	55	33%
Korean	0.2	44	247	49%	0.1	19	257	51%
Spanish	0.3	107	351	61%	0.4	97	228	39%
Vietnamese	0.1	35	359	76%	0.1	10	116	24%
Grand Total	0.2	419	1,891	67%	0.3	243	944	33%

Q25b Appt Times x PCP Visits								
<i>In the aggregate, those who thought there were NOT enough appointment times have a lower PCP visit rate</i>								
Language	Appt Times Ok				Agreed, Not Enough			
	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language
Arabic	1.9	54	28	68%	2.6	34	13	32%
Chinese	2.2	195	87	87%	1.7	22	13	13%
English	2.4	286	120	79%	2.3	70	31	21%
Farsi	2.2	35	16	53%	2.5	35	14	47%
Korean	2.3	147	64	54%	1.9	102	54	46%
Spanish	2.4	288	122	65%	2.5	165	67	35%
Vietnamese	2.6	142	55	82%	1.9	23	12	18%
Grand Total	2.3	1,147	492	71%	2.2	451	204	29%

GNA Results:

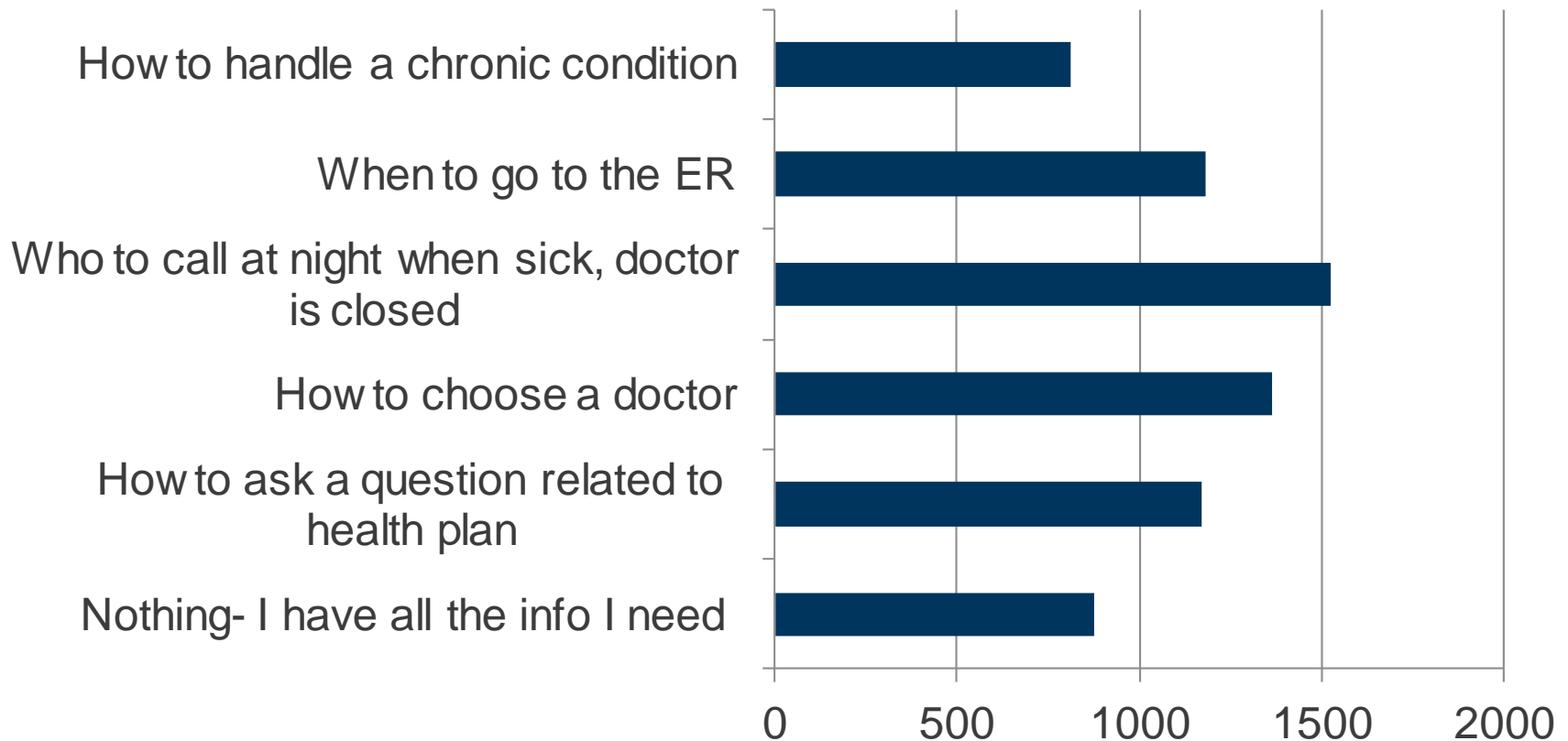
Support x ER Visits and PCP Visits

Q13 Support Friends / Relatives x ER Visits									
<i>In the aggregate, those who said they have support from relatives & friends have a lower ER visit rate</i>									
Language	Don't have support				Have support				
	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	
Arabic	0.6	16	25	22%	0.3	24	90	78%	
Chinese	0.0	0	20	8%	0.1	16	222	92%	
English	0.6	33	56	15%	0.3	108	310	85%	
Farsi	0.2	5	29	20%	0.3	34	113	80%	
Korean	0.2	20	109	30%	0.1	20	255	70%	
Spanish	0.6	37	57	24%	0.3	52	184	76%	
Vietnamese	0.1	18	192	48%	0.1	30	207	52%	
Grand Total	0.3	129	488	26%	0.2	284	1,381	74%	

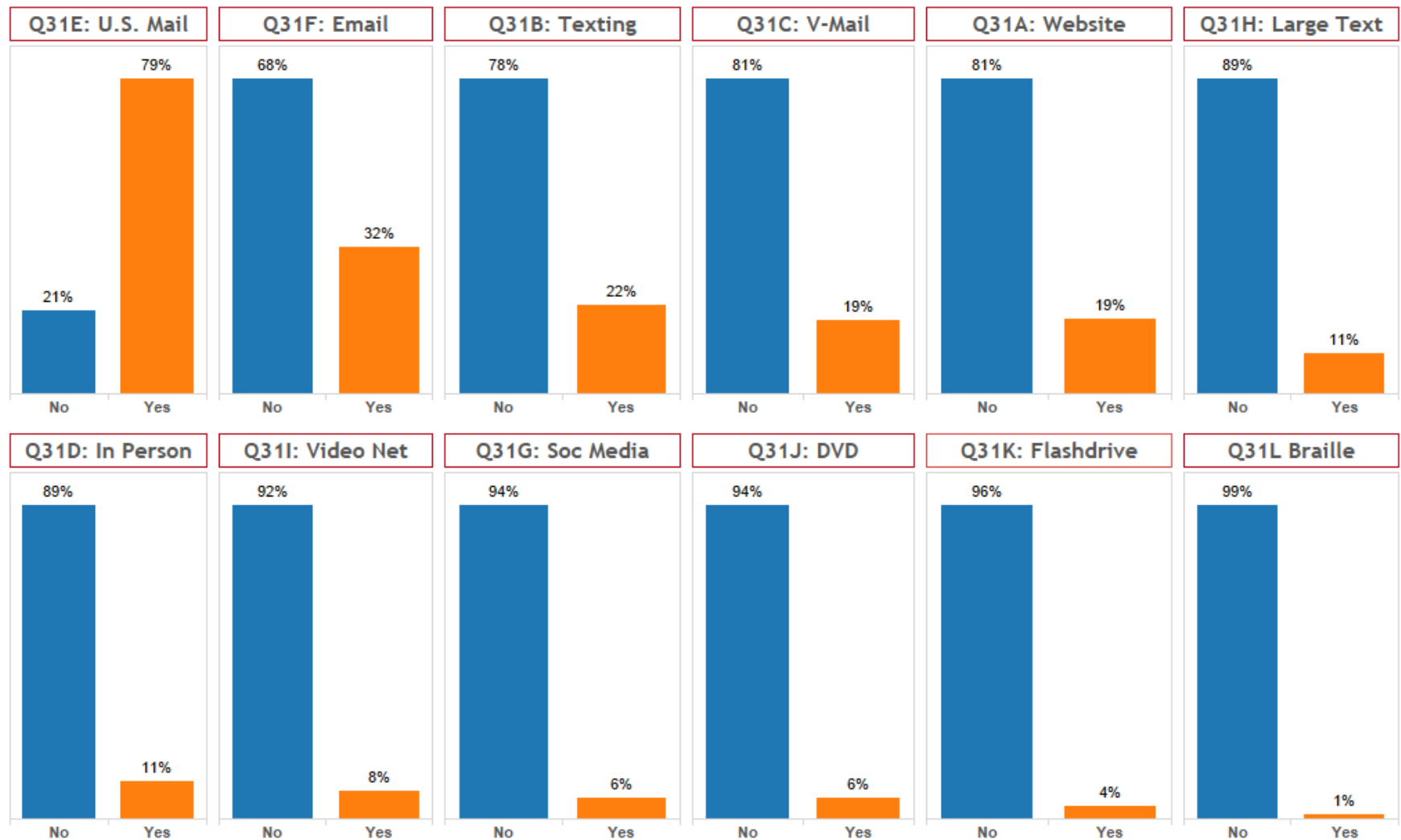
Q13 Support Friends / Relatives x PCP Visits									
<i>In the aggregate, those who said they have support from relatives & friends have a higher PCP visit rate</i>									
Language	Don't have support				Have support				
	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	
Arabic	3.0	6	2	18%	3.3	30	9	82%	
Chinese	4.0	12	3	10%	3.6	101	28	90%	
English	2.2	20	9	14%	3.3	186	56	86%	
Farsi	2.0	6	3	25%	3.4	31	9	75%	
Korean	3.4	27	8	28%	3.0	62	21	72%	
Spanish	3.6	50	14	29%	5.1	172	34	71%	
Vietnamese	1.8	21	12	48%	3.8	50	13	52%	
Grand Total	2.8	142	51	23%	3.7	632	170	77%	

GNA Results: Helpful information

What information would be helpful to you on how to use CalOptima? Check all that apply.



GNA Results: How members like to get information from CalOptima



After the survey...

- Collaboration with:
 - Member Health Needs Assessment
 - Access & Availability
 - Member Experience
 - Providers
 - Community Agencies
 - Members

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To provide members with access to quality health care services delivered in a cost-effective and compassionate manner





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Member Trend Report 2016

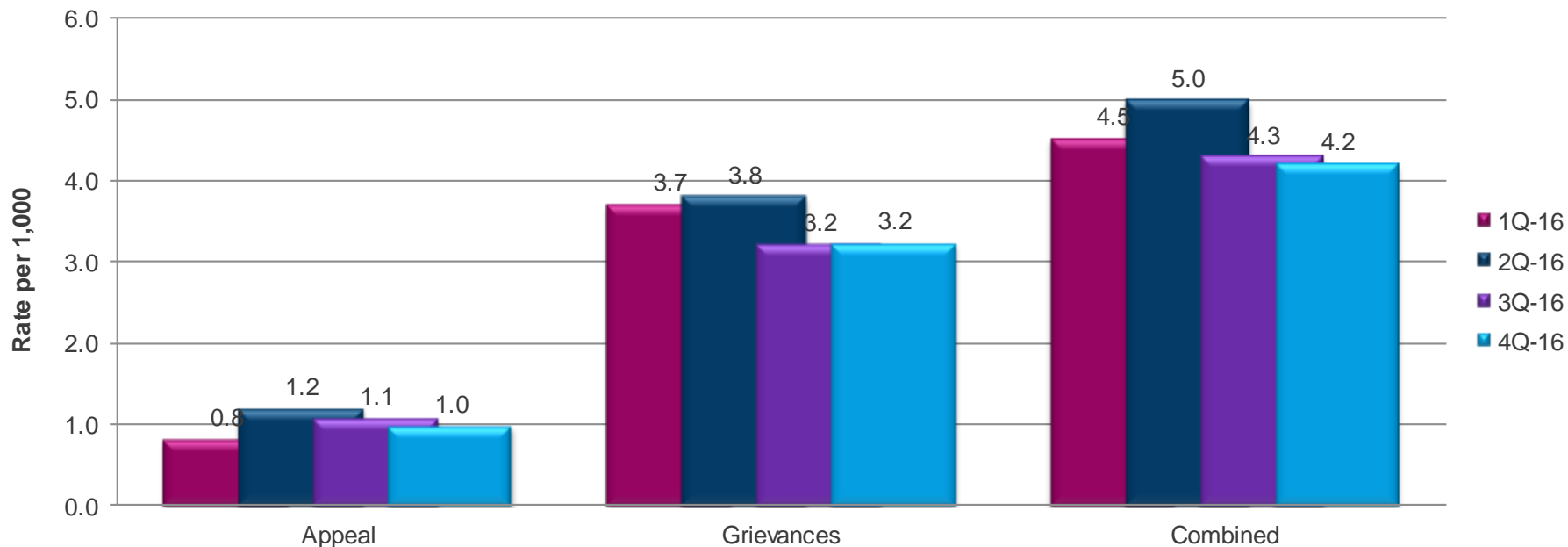
**Member Advisory Committee
May 11, 2017**

**Janine Kodama
Director, Grievance and Appeals**

Overview

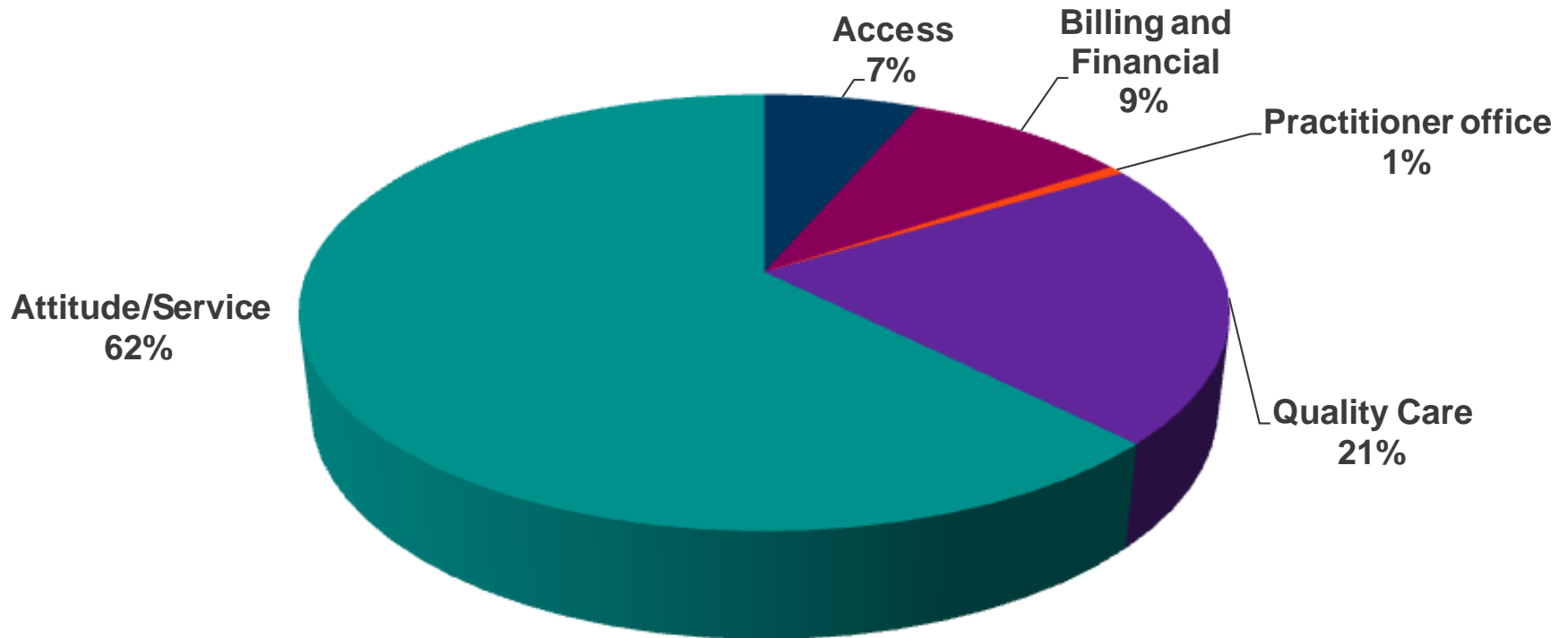
- Trend of the rate of complaints (appeals/grievances) per thousand members for the Medi-Cal program in 2016.
 - Appeal — A request by the member for review of any decision to deny, modify or discontinue a covered service
 - Grievance — An oral or written expression indicating dissatisfaction with any aspect of the CalOptima program
- Breakdown of the complaints by type
- Interventions based on trends as appropriate

Medi-Cal Member Complaints



	Total Complaints	Appeals	Grievances	Membership
1Q-2016	856	154	702	769,385
2Q-2016	958	229	729	770,487
3Q-2016	838	210	628	772,927
4Q-2016	826	192	634	774,869

Medi-Cal Grievances By Type: 2016



- Total of 2,693 grievances filed by 2,276 unique members.
 - Quality of Service (QOS): 1,682 grievances (62 percent)
 - Quality of Care (QOC): 569 grievances (21 percent)
 - Note: The percentage by categories represent the historic trend.
- The QI department continues to review for QOC issues and potential trending.

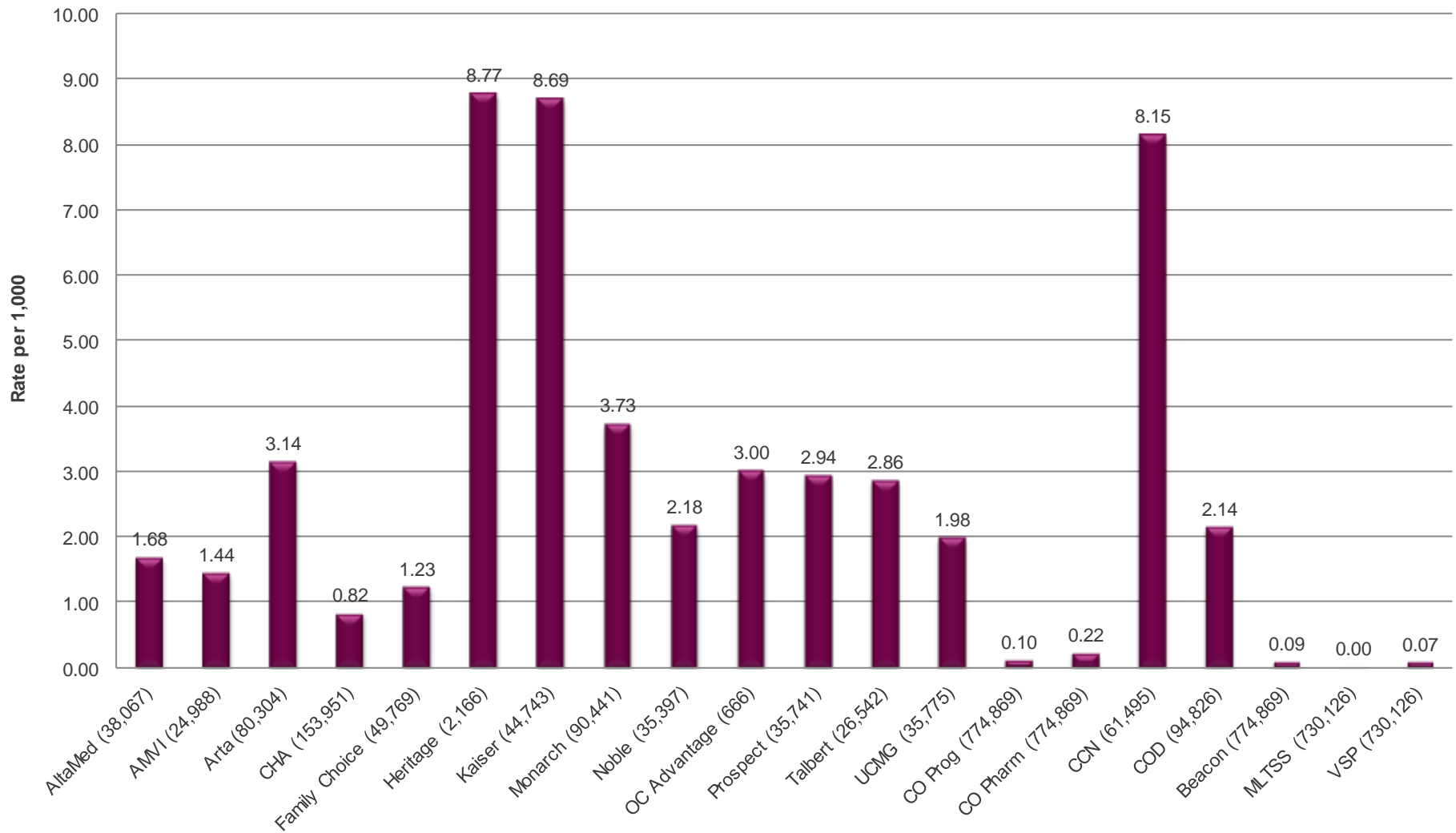
QOS Concerns

- QOS are issues resulting in inconvenience or dissatisfaction to the member.
- Common QOS issues:
 - Delay in service
 - Referrals
 - Prescriptions
 - General response from doctor
 - Dissatisfied with staff, doctor or program
 - Unsatisfied with treatment
 - Rudeness
 - Member billing

QOC Concerns

- QOC concerns occur if the member feels there was a problem with the care they received or that they did not receive enough care.
- Common QOC Issues:
 - Question diagnosis
 - Question treatment
 - Delay in treatment impacting member's care
 - Refusal to treat

Medi-Cal Grievances Rate/1,000 Member by Health Network: 2016



Trends

- Increase in member billing for out-of-state services during peak vacation months
- PCPs not notifying approved authorizations to members.
- There was a slight increase in grievances regarding delay in referral submission. However, the increase was not significant, and there were no specific trends identified.

Interventions

- All quality of care concerns are referred to the QI department for investigation.
- CalOptima works with all our networks (by sharing the grievance and appeals data specific to each network) and providers to improve in these areas including QOS and QOC concerns.
- Provided tips and recommendations related to the common complaints at the CCN Lunch & Learn meeting for providers and their office staff.

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CBAS and SNF 2016 Satisfaction Survey Results

**Member Advisory Committee
May 11, 2017**

**Laura Guest, RN, ANP
Supervisor, Quality Improvement**



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CBAS Satisfaction Survey Results

CBAS Satisfaction Survey Results

- Surveys were distributed to 30 CBAS Centers. Close to 1000 surveys were returned.
- Goal of 90% Overall Satisfaction
 - 100% of the centers had an overall satisfaction rate > 90%
 - 43% of the centers had an overall satisfaction rate = 100%

Greatest Areas of Concern

- Dissatisfaction with the meals
- Transportation issues
- Concerns not addressed
- Physical and/or occupational therapy not meeting needs

Changes Implemented at CBAS Centers

- **Home Avenue CBAS** - Hired new caterer with menus that are sensitive to religious and cultural preferences
- **RIO Orange CBAS** - Implemented monthly communication folder. Added new cooking class and health classes to activity program. Created new Physical and Occupational Therapy activity questionnaire to elicit feedback ensuring goals are incorporated in treatment planning.
- **South County CBAS** - Increased the hours for Occupational Therapist, Registered Dietician, Speech Therapist, Licensed Clinical Social Worker and Pharmacist. Met with Orange County Transportation Authority to review transportation concerns.
- **Sultan CBAS** - Nutritionist will meet with participants quarterly. Caterer will provide more fish options.

Satisfaction Survey Positive Comments

- **Anaheim VIP:** “Staff are very nice, my Mom enjoys going to the center. It’s a blessing she can go meet with her friends.”
- **Irvine:** “The Center provides peace of mind and respite to our caregiver and family members. There is peace of mind knowing that our loved one is in good hands of professionals.”
- **Santa Ana/Tustin VIP:** “I am happy because my dad is in a secure place.”
- **South County:** “Thank you for making a positive contribution in my mother’s life. We greatly appreciate all your efforts and courtesy.”
- **Whittier:** “I enjoy marching to the patriotic music and helping the Activities Coordinator in setting up for special events.”
- **Evergreen:** “I do not have family in U.S., so Evergreen is like my family. I enjoy to come to the center, make new friends here.”
- **Helping Hands:** “We love the program. Everyone is helpful and they call me when they have questions about my son’s care. They are on top of everything. Very organized! Love it here!”



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SNF Satisfaction Survey Results

SNF Satisfaction Survey Results

- 10 Skilled Nursing Facilities received surveys for 20 members each, for a total of 200 surveys.
- 124 (62%) surveys were returned
- 77% Overall Satisfaction

Greatest Areas of Concern

- Dissatisfaction with the meals
- Services provided by the Dietician
- Activities are not meaningful
- Concerns are not addressed

Satisfaction Survey Positive Comments

- **Seal Beach Health & Rehab**: Staff very professional
- **Sea Cliff**: Likes the activities
- **Anaheim Healthcare**: Likes the faculty and staff
- **French Park Care Center**: Likes all activities except bingo.

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